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## FILING DATE SERIAL NO. **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. \_1 ļ

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL DEP.

TOTAL CLAIMS

FORM PTO-1360 (REV. 3-78)

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WHY:

TOTAL DEP.

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